## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Dr		3-8-010
O.I.P.E. CLASSIFIER		12	3/14/
FORMALITY REVIEW		67503	4-26-00
RESPONSE FORMALITY REVIEW		1000	6.22-00
		6,00	

## **INDEX OF CLAIMS**

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÷	Restricted	0	Objected

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